

# PROVIDER REVIEW

## NOW AVAILABLE!!! ON-LINE CLAIM STATUS & MEMBER ELIGIBILITY LOOK UP

You can now check CMDP's Claims Status and Member Eligibility on Line at the CMDP/DES website, [www.azdes.gov](http://www.azdes.gov). Once you have logged into the web site:

- Click **MEDICAL** (Left side of screen) for a drop-down menu
- Click on **Comprehensive Medical and Dental**. This will bring you to the CMDP website.
- Click **PROVIDER SERVICES** (Left side of screen).

From here it gives you the option to choose either the **Claims Lookup** or the **Members Lookup**. Once you have selected either one of these options follow the step-by-step directions.

**You will need to use the CMDP Member ID number, your AHCCCS ID number and the Dates of Service.**

If you need assistance with eligibility please contact the Member Service Unit. If you need assistance with Claims, please contact the Claims Unit. For general information in navigating through these systems, please contact your Provider Representative. All three of these Units can be reached at (602) 351-2245 or (800) 201-1795.

## Immunization Advisory Panel Recommends HPV Vaccine for ALL Girls

Per a panel of US experts, girls as young as 11 and young women up to age 26 are being recommended to receive Merck and Co.'s Gardasil vaccine aimed at preventing human papillomavirus infection, responsible for most cases of cervical cancer.

In a complicated vote, the Advisory Committee on Immunization Practices (ACIP) agreed to recommend the vaccine for three age groups: all girls between 11 and 12; girls and women 13 to 26 who have not received the vaccine yet; and women who have had abnormal Pap smears, genital warts or some other conditions. At their discretion, physicians could vaccinate girls as young as 9, the panel decided. The ACIP advises the U.S. Centers for Disease Control and Prevention.

The U.S. Food and Drug Administration licensed Gardasil for use in women and girls 9 to 26 years of age earlier this month. It protects against four types of HPV. "I think this is going to be a great cancer prevention tool, but it is not going to be effective for about 10 years," said Dr. Carol Baker of the national Foundation for Infectious Disease, referring to the incubation period for cervical cancer. Clinical trials have shown that a three-dose course of the vaccine can prevent close to 100% of lesions that cause genital warts and cervical cancer. The HPV

16 and 18 strains of virus are responsible for about 70% of cervical cancer cases.



"Many state legislators around the country are ready to support a public health effort that will make sure that all age-appropriate girls and women can receive the HPV vaccine regardless of their socioeconomic status," said Sarah Wells of the group, a nonprofit, bipartisan organization representing women state legislators.

The CDC says genital HPV infection is the most common sexually transmitted infection in the United States. More than 50% of sexually active women and men will be infected with one or more genital HPV types during their lifetimes.

GlaxoSmithKline has a slightly different HPV vaccine in development. Merck has already been planning ahead for sales of the vaccine.

--Article from WASHINGTON (Reuters) Jun 29  
VFC will be funding this vaccine for girls over the age of 9 but this process is not active at this time. In the interim, please submit claims to CMDP using code 90649.





## DR. C SAYS..... "ORAL HEALTH"

BY DR. JERRY CANIGLIA, DENTAL CONSULTANT

Early childhood dental caries has been reported by the Centers for Disease Control and Prevention to be perhaps the most prevalent infectious disease of our nation.

According to the American Association of Pediatrics (AAP), the successful approach to preventing the development of dental caries is to establish and maintain good oral hygiene, optimize systemic and topical fluoride exposure and eliminate prolonged exposure to simple sugars in the diet. The effectiveness of this approach substantiates the importance of establishing a dental home by 1 year of age, as endorsed by the American Dental Association, the American Academy of Pediatric Dentistry, supporting organizations of Bright Futures and numerous other children's health organizations.

The AAP states, "The medical care of infants, children and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective. It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care." Referring a child for an oral health examination by a dentist who provides care for infants and young children 6 months after the first tooth erupts or by 12 months of age establishes the child's dental home and provides an opportunity to

implement preventive dental health habits that meet each child's unique needs and keep the child free from dental or oral disease. The dental home should be expected to provide:

- An accurate risk assessment for dental diseases and conditions
- An individualized preventive dental health program based on the risk assessment
- Anticipatory guidance about growth and development issues (i.e., teething, digit or pacifier habits and feeding practices)
- A plan for emergency dental trauma
- Information about proper care of the child's teeth and gingival tissues
- Information regarding proper nutrition and dietary practices
- Comprehensive dental care in accordance with accepted guidelines and periodicity schedules for pediatric dental health
- Referrals to other dental specialists, such as endodontists, oral surgeons, orthodontists, and periodontists, when care cannot be provided directly within the dental home

## Developmental & Behavioral Health Screenings for All Children in Foster Care

CMDP has a Performance Improvement Project that measures how many developmental screenings and behavioral health screenings are being performed and documented, as they are federal requirements of an EPSDT exam, however, we are continuing to receive incomplete EPSDT exams.

When doing an EPSDT screening on your patient, it is imperative that you document all age appropriate screenings that were performed, specifically developmental screenings and behavioral health screenings. You may in fact be doing them, but unless you mark the appropriate box on the EPSDT form you will not get credit for doing them. We urge you to be diligent in documenting your work.

The American Academy of Pediatrics published its latest policy in July 06 calling for pediatricians to:

**\*Ask parents questions about their children's development and look for signs of trouble at every well-child visit up to age 3.**

**\*Use formal, proven developmental screening tests at 9 months, 18 months and again at either 24 or 30 months.**

**\*Screen every child for autism at 18 months.**

**\*Offer additional formal screening any time a parent or doctor becomes concerned about a child.**

**\*Refer children who fail screening tests to public early-intervention programs and to specialists who can evaluate the child fully, both for developmental disorders and related medical problems.**

Please be aware that you may **not** use the EPSDT form for "sick child" visits or visits other than an actual EPSDT visit. **You may not bill for an EPSDT visit unless the complete exam and all of the screenings have been performed** including behavioral health and developmental screens. EPSDT rates will not be paid for any other type of visit.

Thank you in advance for your cooperation in this matter and as always we look forward to working with you to provide the best care possible for our CMDP kids.

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The FDA has important new safety information about taking triptans (medication used for migraines) together with certain types of antidepressant medications. The antidepressant medicines of concern are the selective serotonin reuptake inhibitors (SSRI) and the selective serotonin/norepinephrine reuptake inhibitors (SNRI). A life threatening condition called serotonin syndrome may occur when triptans are used together with an SSRI or SNRI.

Serotonin syndrome occurs when the body has too much serotonin. Each of these types of medications increases serotonin levels on its own, as well.

Symptoms may include restlessness, hallucinations, loss of coordination, fast heartbeat, rapid changes in blood pressure, increased body temperature, overactive reflexes, nausea, vomiting and diarrhea. Serotonin syndrome may be more likely to occur when starting or increasing the dose of a triptan, SSRI or SNRI.

When prescribing any of these types of medications, please keep in mind that:

- Triptans are often used intermittently and that either the triptan, SSRI or SNRI may be prescribed by a different physician
- Weigh the potential risk of serotonin syndrome with the expected benefit of using a triptan with an SSRI or SNRI
- Discuss the possibility of serotonin syndrome with your patients
- Follow patients closely if these medications are being used together especially during initial treatment, dose changes or with the addition of another medication
- Instruct patients who take a triptan and an SSRI or SNRI together to seek medical attention immediately if they experience the symptoms of serotonin syndrome.



## 

There is an emergency situation happening surrounding our foster children. Based on numbers received from our internal claims data, **only about half of our children are receiving their immunizations and EPSDT visits within their first 24 months of life.** This period of life is critical in the health and well-being of our children.

During the first 24 months, the child should have received:  
10 EPSDT Evaluations:

- |            |             |
|------------|-------------|
| • 2-4 days | • 9 months  |
| • 1 month  | • 12 months |
| • 2 months | • 15 months |
| • 4 months | • 18 months |
| • 6 months | • 24 months |

23 Immunizations by 24 months of age:

- |  |                  |
|--|------------------|
| • 4 DtaP                                 | • 1 MMR          |
| • 4 Hib                                  | • 1 Varicella    |
| • 3 IPV                                  | • 4 Pneumococcal |
| • 3 Hepatitis B                          | • 2 Hepatitis A  |
| • Yearly Influenza after 6 months of age |                  |

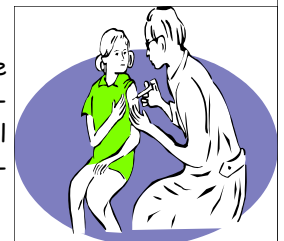
Meeting the health care needs of children is a responsibility shared among parents, case managers, out-of-home care providers **and medical providers.** It is imperative that at every opportunity, a child's immunization status is evaluated. Health care professionals and parents often misunderstand contraindications to immunization. Common conditions or

circumstances that are **not contraindications** include but are not limited to:

- Mild acute illness with low-grade fever or mild diarrheal illness in an otherwise well child. Minor illness with or without fever does not contraindicate immunization. Fever, in itself, is not a contraindication to immunization.
- The convalescent phase of illness
- Currently receiving antibiotic therapy
- Reaction to a previous DTaP or DTP dose that involved only soreness, redness or swelling in the immediate vicinity of the immunization site or temperature of less than 105°F.
- Prematurity—the appropriate age for initiating most immunizations in the prematurely born infant is the usually recommended chronologic age; vaccine doses should **not** be reduced for preterm infants.

**Please be sure that infants and toddlers in foster care receive all the required immunizations and EPSDT visits listed above!**

If you, as the medical provider have a foster parent refuse immunizations, please contact the Medical Services Unit of CMDP for assistance.



## Appreciating Nonverbal Communication

Nonverbal expression varies greatly among people, often leading to crosscultural misunderstanding. It is important for providers to be aware of differences and to be cautious in interpreting nonverbal communication. Nonverbal communication can be divided into several categories:

**Facial expression.** Although smiling is an expression of happiness in most cultures, it can also signify other emotions. Some Chinese, for example, may smile when they are discussing something sad or uncomfortable. Winking has very different connotations in different cultures. Many Chinese consider winking to be rude. In Hong Kong, it is important not to blink one's eyes conspicuously, as this may be seen as a sign of disrespect and boredom.

**Crying.** Expressions of pain or discomfort such as crying are also specific to various cultures; some cultures may value a stoic affect while others may encourage a more emotive state.

**Gestures.** The "OK" sign that is so often used in American culture is interpreted in Japan as the symbol for money, because the circular shape of the index finger and thumb together suggest the shape of a coin. Many Chinese people point with their entire hand; using the forefinger to point is viewed as rude. Some Filipinos will point to an object by shifting their eyes toward it or pursing their lips and point with their mouth, rather than using their hands.

**Touching.** In some cultures, light touching of the arm or a light kiss to the cheek is very common, even among people who have just met, but people from many Asian cultures may prefer less physical contact with acquaintances. Touching another person's head is considered offensive by some people from Asia. Although many Chinese will use a handshake to greet a Westerner, any other contact may be considered inappropriate. This is especially important to remember when dealing with older people or those in positions of authority.

**Eye contact.** Making direct eye contact is a sign of disrespect in some cultures. In other cultures, refusing to make direct eye contact is a sign of disrespect. Many Asians may be reluctant to make eye contact with an authority figure. For example, when greeting a Chinese person, it is best to avoid prolonged eye contact as a sign of respect and deference. Hindu women traditionally avoid direct eye contact with men. Showing deference to elders and authority figures, including health care providers, may also dictate avoiding eye contact.

**Shoes.** In Asia, as in many other cultures throughout the world, it is impolite to show the bottom of the shoe, which is often dirty. Therefore, one should not sit with the foot resting on the opposite knee. Good posture is important to people from Taiwan; Taiwanese men will usually sit with both feet firmly on the floor.

### August is National Immunization Awareness Month!

The goal for this awareness month is to increase knowledge about immunizations across the life span, from infants to elders. Remind your patients and their families to catch up on their vaccinations. Parents are enrolling their kids in school, students are entering college and health care workers are preparing for the flu season. This is the perfect time to update vaccinations and booster vaccinations. **Why is this so important?** Immunization is one of the most significant public health achievements of the 20<sup>th</sup> century. Vaccines have eradicated smallpox, eliminated wild poliovirus in the U.S. and reduced the number of measles, diphtheria, rubella, and others. However, despite these efforts, thousands of people still die from these and other vaccine-preventable diseases. By staying current on recommended vaccines, you can protect all of us from life-threatening infections. Everyone should stay up-to-date on immunizations; it is a lifelong effort.

For more information regarding National Immunization Awareness Month, please visit <http://www.cdc.gov/nip/events/niam/default.htm>.

### Long Acting Beta Agonists (LABA's) and Their Place in Asthma Therapy

When a patient needs more than a beta agonist reliever, it is important that other controller medications including low to medium dosed inhaled corticosteroids be used first. Preferred formulary inhaled corticosteroid medications for CMDP include: Flovent, Flovent HFA, Flovent Rotadisk, Pulmicort Respules and Pulmicort Turbuhalers. When used appropriately in patients whose disease warrants treatment with two maintenance therapies, LABAs seem to be safe, but high doses should be avoided and patients need to understand how to use their albuterol inhaler for rescue therapy.



## CMDP Verification.....

CMDP offers our providers eligibility verification via e-mail. We would also encourage you to contact us at least one day prior to the member's appointment whether requesting verification by telephone or by e-mail. This will enable CMDP to resolve any eligibility issues prior to the member's appointment.

### Member Services e-mail addresses:

MariaVillanueva@azdes.gov

LMoore@azdes.gov

VGuzman@azdes.gov

Member Services will reply promptly.

### **CMDP Contacts:**

**(602) 351-2245/(800) 201-1795**

## "Web Corner"

*The following is a list of websites we recommend to assist your office. If there are any you wish to add and share with other providers please contact Provider Services.*

**CMDP's Website:** [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe)

**UPDATED CAP FEE SCHEDULE, AHCCCS Provider Manual, EPSDT**

forms and more available at: [www.azahcccs.gov](http://www.azahcccs.gov)

**CHILDREN'S REHABILITATIVE SERVICES (CRS)**, information and referral

forms: [www.hs.state.az.us/phs/ocshcn/crs/index.htm](http://www.hs.state.az.us/phs/ocshcn/crs/index.htm)

**Need any GROWTH-CHARTS? Download them from the CDC:**

[www.cdc.gov/growthcharts/](http://www.cdc.gov/growthcharts/)

**VACCINES FOR CHILDREN (VFC) Program:** [www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm](http://www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm)

**Every Child by Two Immunizations:** [www.ecbt.org](http://www.ecbt.org)

**ASIS and TAPI:** [www.whymmunize.org/us.htm](http://www.whymmunize.org/us.htm)

**Health Data Management:** [www.healthdatamanagement.com](http://www.healthdatamanagement.com)

**American Academy of Pediatrics:** [www.aap.org](http://www.aap.org)

**National Center for Children in Poverty:** [www.nccp.org](http://www.nccp.org)

Equal Opportunity Employer/Program This document available in alternative formats by contacting Provider Services.



## CMDP's UPDATED URGENT CARE LISTINGS:



<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>PHONE #</u>
APACHE JUNCTION URGENT CARE, INC	2080 W SOUTHERN AVE	APACHE JUNCTION	(480) 985-0172
GOOD NIGHT PEDIATRICS	10320 W MCDOWELL	AVONDALE	(623) 643-9233
CASA GRANDE URGENT CARE	1729 W TREKELL RD	CASA GRANDE	(800) 639-8227
CHANDLER VALLEY URGENT CARE	936 W CHANDLER	CHANDLER	(480) 792-1025
SUN VALLEY PEDIATRIC URGENT CARE	4045 W CHANDLER	CHANDLER	(480) 355-5437
CORNERSTONE PEDIATRIC URGENT CARE	1430 N COOPER RD #101	GILBERT	(480) 633-1111
EAST VALLEY URGENT CARE	641 W WARNER RD	GILBERT	(480) 722-9828
TRI CITY EXPRESS CARE LLC	920 E WILLIAMS FIELD RD	GILBERT	(480) 855-9400
ADVANTAGE URGENT CARE-GLENDALE	5410 W THUNDERBIRD	GLENDALE	(602) 530-6189
WEST VALLEY URGENT CARE LLC	17218 N 72ND DR	GLENDALE	(602) 334-8670
EAST VALLEY URGENT CARE-HIGLEY	1355 S HIGLEY RD	HIGLEY	(480) 722-9828
CIGNA-STAPLEY	1111 S STAPLEY	MESA	(480) 464-8500
EXPRESSCARE	2034 S ALMA SCHOOL	MESA	(480) 831-0150
NOW CARE	8631 W UNION HILLS	PEORIA	(623) 521-5201
ADVANCED URGENT CARE	2301 N 44TH ST	PHOENIX	(602) 808-8786
ADVANCED URGENT CARE	2423 W DUNLAP AVE	PHOENIX	(602) 216-6862
ADVANCED URGENT CARE	3302 W THOMAS RD	PHOENIX	(602) 233-2900
ADVANCED URGENT CARE	8260 W INDIAN SCHOOL	PHOENIX	(623) 846-7122
CIGNA-MCDOWELL	755 E MCDOWELL	PHOENIX	(602) 271-5111
DESERT SAMARITAN URGENT CARE	4520 E RAY RD	PHOENIX	(480) 598-7500
GOOD NIGHT PEDIATRICS-SOUTH MTN	325 E BASELINE RD	PHOENIX	(602) 824-4228
GREENWAY URGENT CARE/NEXTCARE	3229 E GREENWAY	PHOENIX	(602) 788-3285
PARKWAY RAPID CARE	4524 N MARYVALE	PHOENIX	(623) 849-1113
URGENT CARE +	1002 E MCDOWELL #120	PHOENIX	(602) 256-2273
PRESCOTT VALLEY PRIMARY AND URGENT	3051 N WINDSONG DR	PRESCOTT VALLEY	(928) 772-3336
PEAK URGENT CARE-RIO RICO	275 RIO RICO DRIVE	RIO RICO	(520) 326-2228
ASU COMMUNITY HEALTH SERVICES	8117 E ROOSEVELT	SCOTTSDALE	(480) 941-9283
SEDONA URGENT CARE	2530 N HWY 89A	SEDONA	(928) 203-4813
ADVANCED URGENT CARE	1804 W ELLIOT RD	TEMPE	(480) 456-0444
NEXTCARE URGENT CARE	6238 E PIMA ST	TUCSON	(520) 290-0022
PEAK URGENT CARE-TUCSON	2101 N COUNTRY CLUB #105	TUCSON	(520) 296-4277
URGENT CARE ASSOCIATES PC	1622 N SWAN RD	TUCSON	(520) 795-8888
URGENT CARE ASSOCIATES PC- RITA	9348 E RITA RD	TUCSON	(520) 382-8000
FOOTHILLS WALK-IN CLINIC	11274 FORTUNA RD	YUMA	(928) 345-2150